

Office of Congressman Phil Roe
Congressional Casework
Authorization



Please Type or Print Only

Name: Mr.Mrs.Ms. _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home# _____ **Business#** _____ **Cell#** _____

Email Address: _____

Would you like to receive Congressman Roe's E-newsletter? (circle one) **Yes** **No**

DOB: _____ **SS#** _____ **File#** _____

Federal Agency Involved: _____

I request the assistance of Congressman Phil Roe in the following federal matter:
(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

Please answer the following questions:

Have you previously contacted our office regarding this matter?	Yes	No
Have you appealed the agency decision on this matter?	Yes	No

I authorize Congressman Phil Roe to act on my behalf to transmit and/or receive information pertinent to my request for assistance. This complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signed: _____ **Date:** _____

Please mail to: Congressman Phil Roe, 1609 Walters State CC Drive, Unit 4, Morristown, Tennessee 37813; or fax to (423) 254-1403